Please type a plus sign (+) inside this box MAR 1 2 7001 Undertie Paperwork Reduction Act of 1995, no persons are re-	+
POWER OF ATTORNEY OR	Ap Fil

AUTHORIZATION OF AGENT

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to respond to a collection of information unless it contains a valid OMB control number.

Application Number 09/679.687

Filing Date 10/05/2000

First Named Inventor STEPHEN M. ALLEN ET AL

Group Art Unit UNKNOWN

Examiner Name UNKNOWN

Attorney Docket Number BB1162 US NA

			Attorney					
I hereby appoint: ☑ Practitioners at Customer Number OR ☐ Practitioner(s) named below:								
		Name			Registration N	lumber		
		·		_	-		ļ	
Į							J	
as my/our a Trademark	attorney(s) of Office conf	or agent(s) to prose nected therewith.	cute the application	identifie	d above, and to trans	sact all business i	n the Patent and	
<u> </u>	-	rrespondence addre ned Customer Numb		entified a	pplication to:			
Firm <i>or</i> Individu	al Name	_						
Address								
Address								
City				State	-	ZIP		
Country			1			<u> </u>		
Telephone				Fax				
I am the: Applicant.								
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name								
Signature	It mall							
Date	Date Tanary 26, 200/ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.							
NOTE: Sign	atures of a	all the inventors or	assignees of recor	rd of the	entire interest or th	eir representativ	e(s) are required.	
		if more than one si		d, see be	elow*.			
∐ *lotalot	i tor	ms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ase type a plus sign (+) inside this box



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/679.687	
Filing Date	10/05/2000	
First Named Inventor	STEPHEN M. ALLEN ET AL	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	BB1162 US NA	

I hereby app ⊠ Practition OR		tomer Number	23906] .	\	PATENT TRADEMA	RK OFFICE
☐ Practition	ner(s) name	ed below:					
		Name			Registration N	umber	
as my/our a Trademark	ittorney(s) o Office conr	or agent(s) to prosed nected therewith.	cute the application ide	entified	above, and to trans	sact all business i	n the Patent and
l <u> </u>	Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR						
Firm <i>or</i> Individu	al Name				-		
Address							
Address							
City			St	tate		ZIP	
Country							
Telephone			F	=ax			
I am the: ☐ Applicant.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record							
Name	WILLIA	M D. HITZ		2			
Signature							
Date Date							
		all the inventors or	assignees of record of gnature is required,			eir representativ	e(s) are required.
		ms are submitted.	gnature is required, s	JUE DE			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PADEMAR Deep the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

ase type a plus sign (+) inside this box

Application Number	09/679.687	
Filing Date	10/05/2000	
First Named Inventor	STEPHEN M. ALLEN ET AL	
Group Art Unit	UNKNOWN	-
Examiner Name	UNKNOWN	
Attorney Docket Number	BB1162 US NA	

Practitioners at Customer Number 23906 Practitioners at Customer Number 23906 Practitioner(s) named below:		The major training.						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.	✓ Practitioners at Customer Number OR PATENT TRADEMARK OFFICE							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.			Name			Registration N	lumber	İ
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								·
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
The above-mentioned Customer Number. OR Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Antonia Rafalski Signature Antonia Rafalski NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our a Trademark	attorney(s) o Office conr	or agent(s) to prose nected therewith.	cute the application i	dentifie	d above, and to trans	sact all business i	n the Patent and
Individual Name Address Address City Country Telephone Fax I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	☐ The abo	-	•		ntified a	pplication to:		
Address City State ZIP Country Telephone Fax I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		ıal Name						
City Country Telephone Fax I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
Telephone Fax I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
Telephone I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City				State		ZIP	
I am the: Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country							
Applicant. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone				Fax			
SIGNATURE of Applicant or Assignee of Record Name J. ANTONI RAFALSKI Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant. Assignee of record of the entire interest. See 37 CFR 3.71.							
Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	J. ANTO	ONI RAFALSKI				· · · · · · · · · · · · · · · · · · ·	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	A							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date Jan 26, 2001							
			Il the inventors or	assignees of record			eir representativ	e(s) are required.
		•			,			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.